



Quality



People



Sustainability



Research

Oxfordshire Performance and Assurance Oversight Board Report:

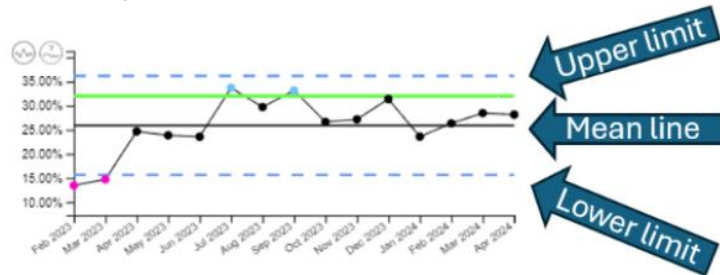
March 2026

Guide to the Performance Report

The below legends explain Variation and Assurance icons and Statistical Process Charts (SPCs) used throughout this IPR.

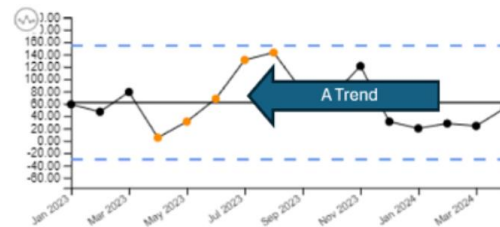
Statistical Process Charts (SPC) is an analytical technique that plots data over time. Such charts help identify variation i.e. what is 'different' and what is the 'norm'. Using these charts can help understand where focus might be needed to make a difference.

The SPC chart has three lines on it: central line (mean line; black) is the average of data and blue are upper and lower control limits. If data points are within the control limits, it indicates that the activity is within normal range. If the data points are outside of these control units, it indicates that the activity is out of control.

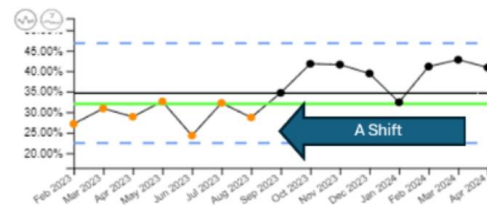


Green is the metric target line – only added to those graphs where target is applicable. Data points highlighted in pink are noted to be statistically different from the rest of the points (outside of the upper and lower control limits).

A Trend is defined as five or more consecutive data points all going up or all going down – orange indicates a deteriorating trend and blue indicates an improving trend.



A Shift is defined as seven or more consecutive data points all above or all below the centre (mean) line. Orange indicates a deteriorating shift and blue indicates an improving shift.



Variation		Assurance			
Common cause – no significant change	Special cause of concerning nature or higher pressure due to (H)igher or (L)ower values	Special cause of improving nature or lower pressure due to (H)igher or (L)ower values	Variation indicates inconsistently hitting passing and falling short of the target	Variation indicates consistently (P)assing the target	Variation indicates consistently (F)ailing short of the target

Variation icons: orange indicates concerning special cause variation requiring action; blue indicates where improvement appears to lie, and grey indicates no significant change (common cause variation).




Assurance icons: Blue indicates that you would consistently expect to achieve a target. Orange indicates that you would consistently expect to miss the target. A grey icon tells you that sometimes the target will be met and sometimes missed due to random variation – in a RAG report this indicator would flip between red and green.

Guide to the Performance Report – interpreting the Data Quality Indicators (for clinical metrics)

The indicator provides an effective visual aid to quickly provide analysis of the collection, review and quality of the clinical data associated with a group of metrics. Group of metrics are rated against the three domains described below and overall assessment (red, amber, green) is provided by adding relevant icons on top of each summary clinical dashboard throughout the IPR. Narrative describing any identified concerns with regards to Data Quality are added in the Cover sheet accompanying the Integrated Performance Report.

Due to the aggregated nature of the data quality reporting, only issues of significance (impacting most metrics in a group or significantly impacting a single metric) will be taken into consideration.

Symbol	Domain	Definition
S	Sign off and Review	Has the logic and validity of the data definition been assessed and agreed by people of appropriate and differing expertise? Has this definition been reviewed regularly to capture any changes e.g. new ways of recording, new national guidance?
T	Timely and Complete	Is the required data available and up to date at the point of reporting? Are all the required data values captured and available at the point of reporting?
P	Process and System	Is there a process to assess the validity of reported data using business logic rules? Is data collected in a structured format using an appropriate digital system?








Rating	Definition
	Yes
	Partly
	No

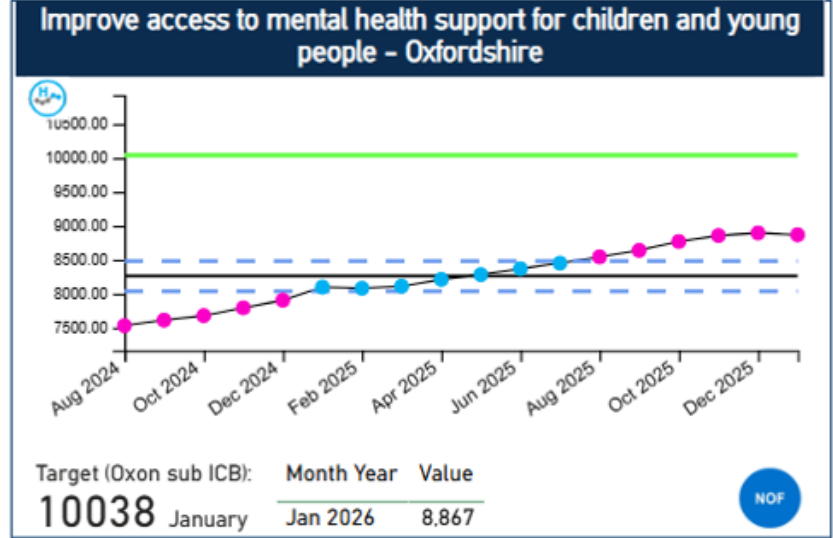
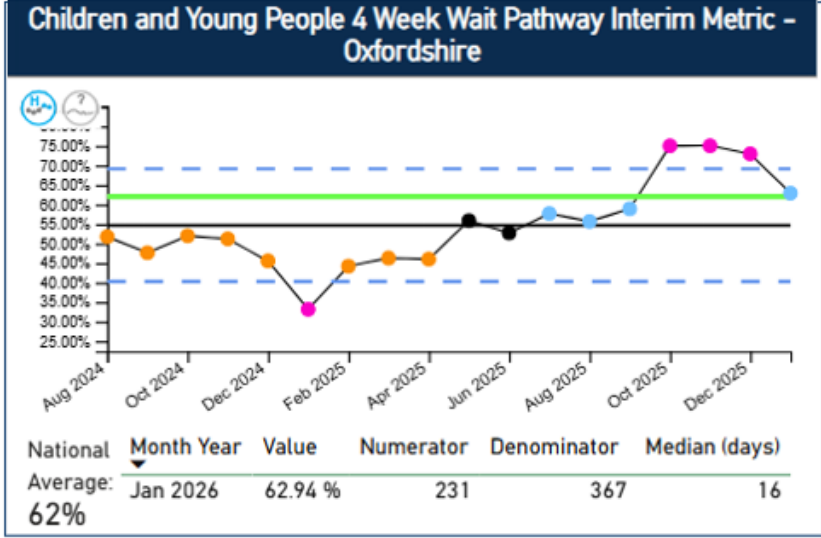


Oxford Health
NHS Foundation Trust

Clinical performance (National and Local Mental Health Standards)

January 2026 data unless indicated otherwise

Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National NOF (scored)</i>	Improve access to mental health support for children and young people - Oxfordshire	> =10038	Jan-26	8867		.	8260
<i>National Strategic - Quality</i>	Four (4) week wait (interim metric - one meaningful contact within pathway) - Oxfordshire	> =62% National average	Jan-26	62.94%			54.70%
<i>National</i>	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - Oxfordshire (rolling 3 months position)	> =95%	Jan-26	67.86%			91.20%
<i>National</i>	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - Oxfordshire (rolling 3 months position)	> =95%	Jan-26	100%			95.19%



Summary & actions

This is an interim metric, which measures one meaningful contact* within a pathway within the four (4) week period. Following on from the national 4 week wait pilots and the clinically led review of mental health standards, new non-urgent waiting time standards are being introduced for Child and Adolescent Mental Health Services (CAMHS). There is currently no set national target, and the Trust is baselining against the national average position. Whilst the Making Data Count algorithm is not flagging these metrics as requiring attention, due to their strategic importance they are being flagged in the report.

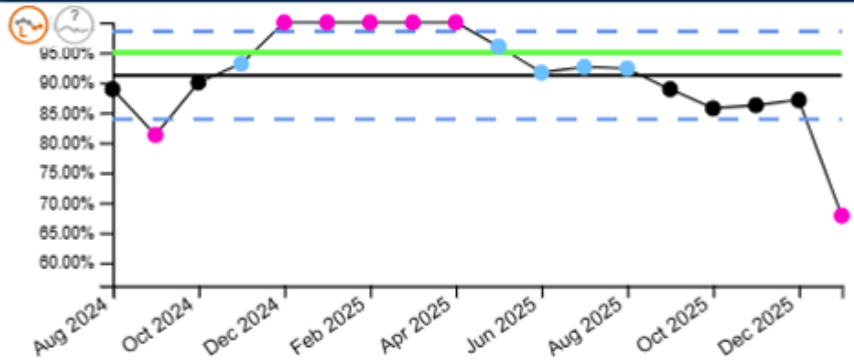
Oxfordshire CAMHS have exceeded the national 4 week wait average in January 2026 with 62.94%

Oxfordshire CAMHS did not meet the access target for January 2026. The variance against plan reflects the fact that the agreed trajectories were predicted on the implementation of a revised rotational Mental Health Support Teams (MHST) delivery model during the current financial year. However, such model was deemed to be inappropriate for the local population and therefore not implemented resulting in a lower access trajectory than planned. Current Oxford Health's MHST delivery model emphasises stable school portfolios with scheduled presence, aiming for continuity and relationship-based delivery. Additionally, Activity from AnDY (Anxiety and Depression in Young People) Research Clinic has not been included as it is recorded on a separate system and reported through a different dataset. As of December 2025, AnDY activity accounted for 185 patients accessing (January data not yet available due to reporting lag). System-wide CAMHS access target has been met; target for next financial year will be rebased collectively within the System.

*Meaningful contact is one that informs assessment and intervention, that is related to the identified/coded problem and is intended to assess or change feelings, thoughts, behaviour, or physical/bodily state. This may involve advice, support, or a brief intervention, help to access another more appropriate service, the start of a longer-term intervention or agreement about a patient care plan, or the start of a specialist assessment. These may be delivered through direct or indirect work where there is a referral

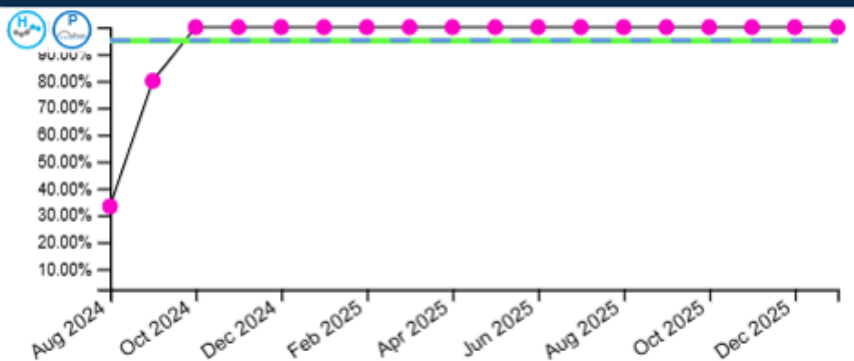
Mental Health Services – Child and Adolescent Mental Health Services

Children & Young People with suspected Eating Disorder Routine cases - Oxfordshire (reported as rolling 3 months position in line with national approach)



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jan 2026	67.86 %	19	28	18

Children & Young People with suspected Eating Disorder Urgent cases - Oxfordshire (reported as rolling 3 months position in line with national approach)



Target:	Month Year	Value	Numerator	Denominator	Median (days)
95%	Jan 2026	100.00 %	11	11	0

Summary

These metrics measure routine and urgent referrals seen within 28 & 7 days where the referral reason is "Eating Disorders" and the age of patient is between 0 – 18 years. For the attended first appointment to count in the national waiting times, it must be outcomed and an appropriate SNOMED* intervention recorded. All providers are measured on a rolling 3-month position, so January 2026 performance includes November, December 2025 and January 2026 performance. Patients who choose to be seen outside of the timeframe will still be counted as a breach. Eating Disorders referrals are not in scope of the Children and Young people (CYP) four (4) week wait measure.

For routine referrals, one (1) breach occurred in November due to patient choice, two (2) in December – one (1) due to patient choice and one (1) patient due to a combination of delays with interpreter service and patient choice and six (6) in January 2026 (three (3) due to capacity (patients seen on days 40, 41 and 50) and three (3) due to patient choice). The target for urgent referrals to be seen within 7 days continues to be exceed.

Actions

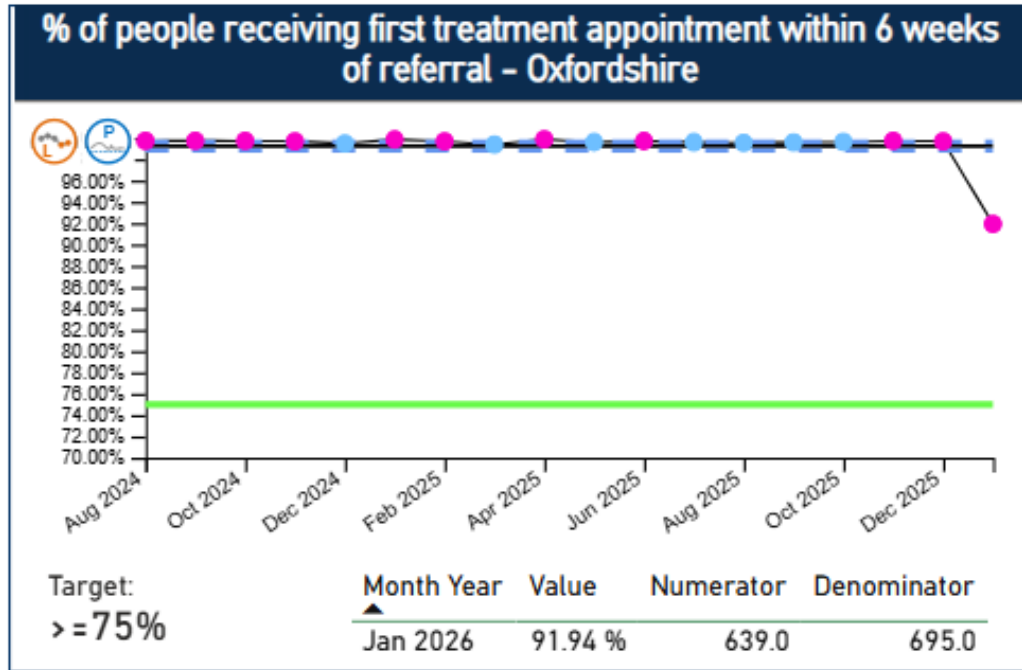
- Continuation of Internal team level performance monitoring and improvement meetings taking place regularly to support teams with data recording, reporting, identifying causes and solutions for improvement.
- Review of capacity in each of the Eating Disorders teams to improve forward planning and pre-empt demand peaks. Strengthen communication, so team can act rapidly when activity increases.

Mental Health Services – Talking Therapies – Summary



Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Increase the number of adults and older adults completing a course of treatment for anxiety and depression - Oxfordshire	>=687	Jan-26	695			689
National	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over) - Oxfordshire	.	Jan-26	5.46%		n/a	7.23%
National	Reliable improvement rate for those completed a course of treatment adult and older adults combined - Oxfordshire	>=68%	Jan-26	67.48%			67.80%
National	% of people receiving first treatment appointment within 6 weeks of referral - Oxfordshire	>=75%	Jan-26	91.94%			99.23%
National	% of people receiving first treatment appointment within 18 weeks of referral - Oxfordshire	>=95%	Jan-26	100%			99.96%
National	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments) - Oxfordshire	<=10%	Jan-26	7.29%			5.75%
National NOF(contextual)	Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire	>=50%	Jan-26	48.42%			50.73%
National	Meet and maintain at least 52% Talking Therapies recovery rate - Oxfordshire	>=52%	Jan-26	51.88%			54.21%
National	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Jan-26	44.34%			48.21%
National	Recovery rate for White British - complete a course of treatment, adult and older adult combined - Oxfordshire	>=50%	Jan-26	51.97%			55.32%

Mental Health Services – Talking Therapies



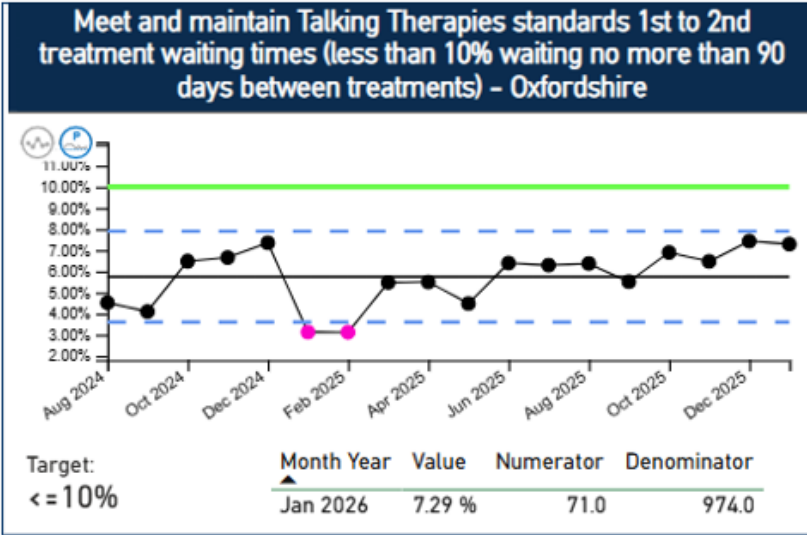
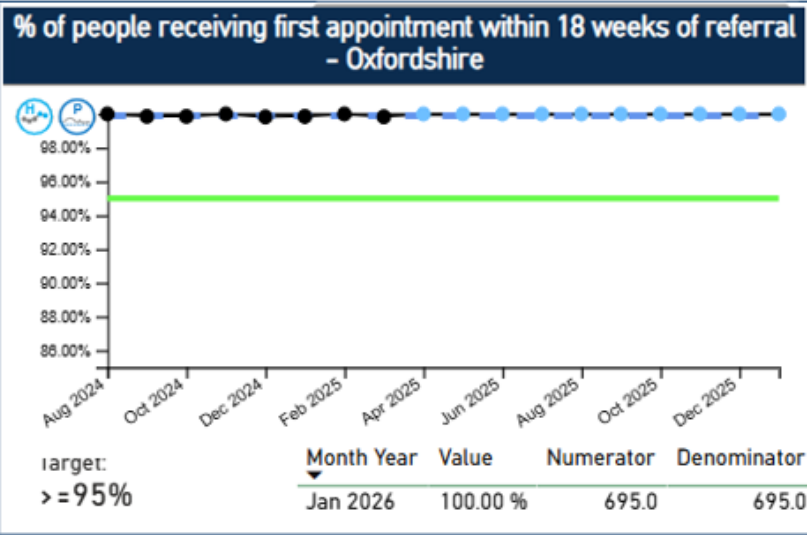
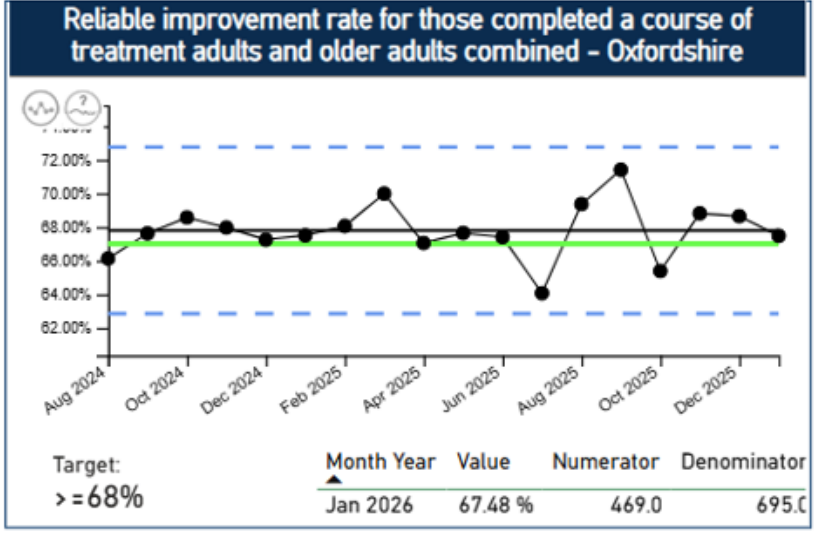
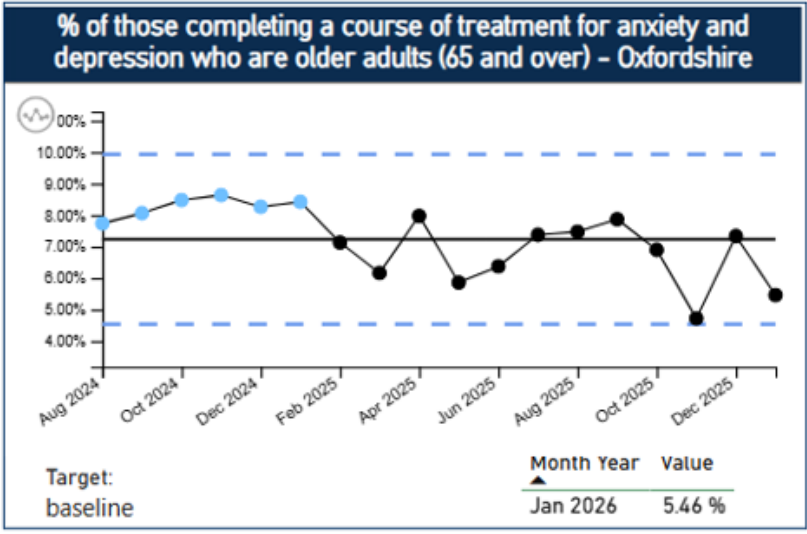
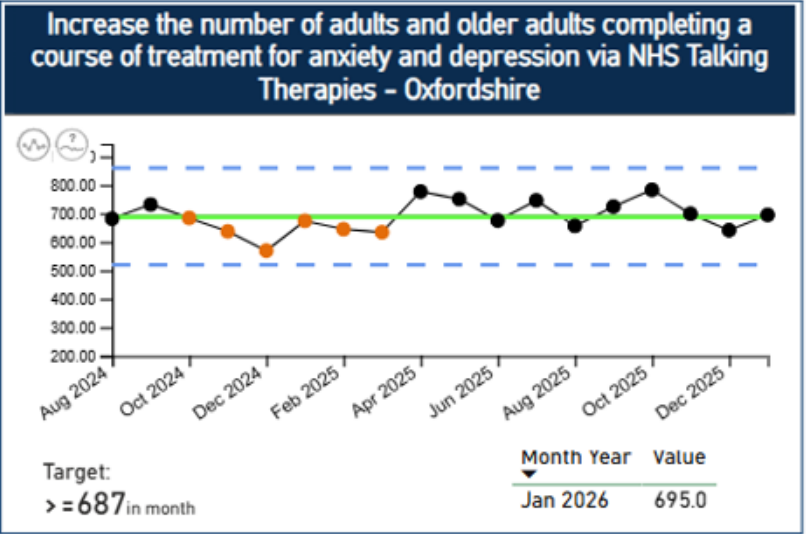
Summary and Actions

This metric measures the proportion of patients receiving first treatment appointment within 6 weeks of referral. The national expectation is that more than 75% of patients should be offered first treatment appointment within 6 weeks of referral. Lowering proportion could indicate that the service capacity is not aligned with demand.

The service is currently performing well above the target. Due to consistent performance at near 100%, the upper and lower control limits of the statistical range are at very close proximity resulting in Making Data Count algorithm highlighting even the slightest variation. January 2026 was the first month to show a slight breach of the lower control limit, triggering a review of contributory factors.

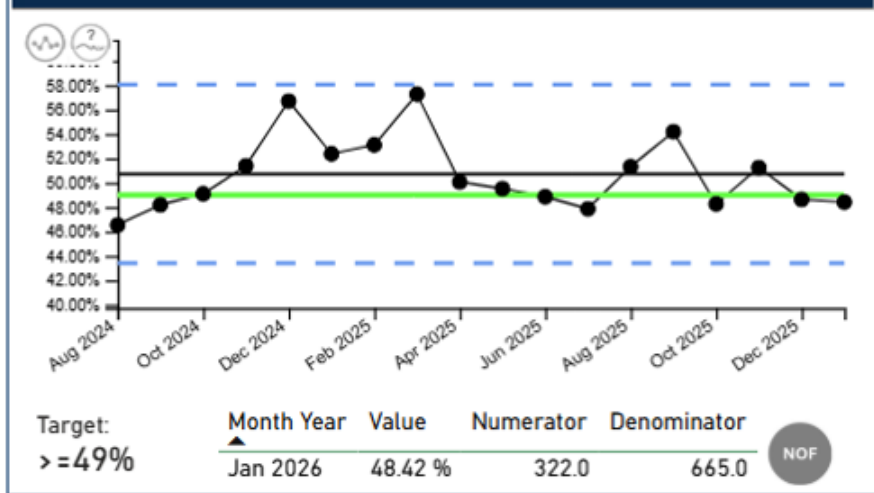
No systemic risk has been identified at this stage.

Mental Health Services – Talking Therapies

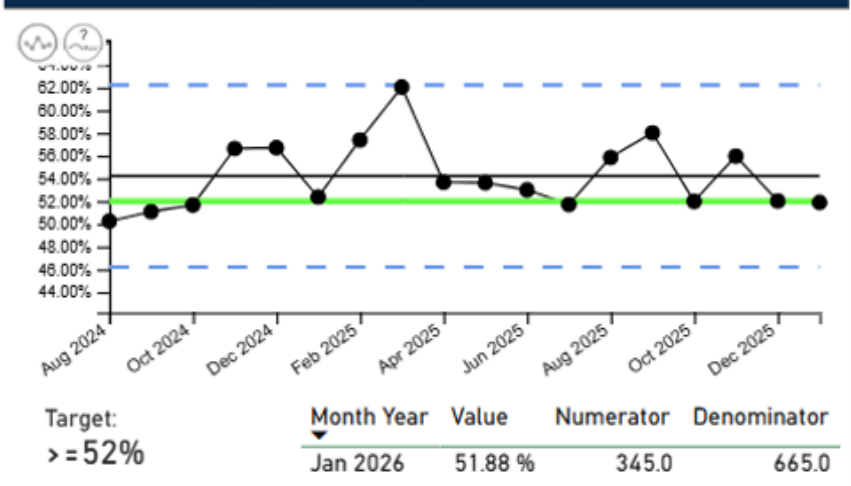









Mental Health Services – Talking Therapies

Reliable recovery rate for those completed a course of treatment adults and older adults combined - Oxfordshire



Meet and maintain Talking Therapies standards 52% Talking Therapies recovery rate - Oxfordshire



Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
<i>National NOF(contextual)</i>	Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire	>=6737	Jan-26	9654		.	8985
<i>National</i>	4 week wait (28 days) standard (interim metric - two contacts within pathway)- Oxfordshire	>=36% National average	Jan-26	66.78%			63.13%
<i>National</i>	Deliver annual physical health checks to people with Severe Mental Illness (System Measure - Oxfordshire)	>=60%	Q3	44.69%	.	.	38.34%
<i>National</i>	Improve access to perinatal mental health services - Oxfordshire (rolling 12 months)	>=501	Jan-26	624		.	533
<i>National</i>	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral - Oxfordshire	>=60%	Jan-26	100%			95.14%
<i>National</i>	Number of people accessing Individual Placement Support (IPS) - Oxfordshire (rolling 12 months)	>=430	Jan-26	550		.	425
<i>National</i>	Recover dementia diagnosis rate (nationally reported system measure - Oxfordshire)	>=63%	Dec-26	64.90%	.	.	63.65%

Mental Health Services – Adult & Older Adult Community

Improve access for Adults and Older Adults to support by community mental health services - Oxfordshire

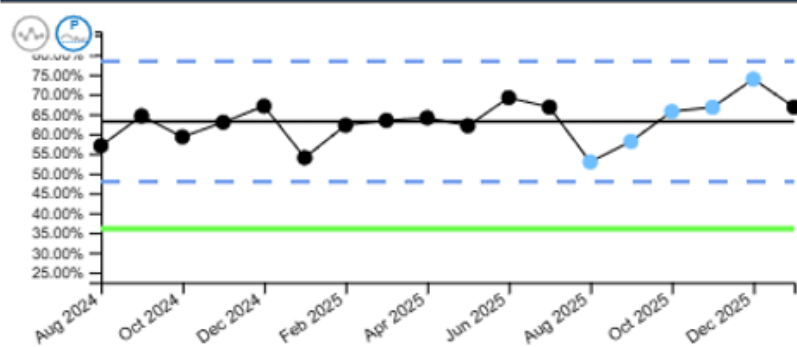


Target (Oxon sub ICB):
average of **6737** a month

Month Year	Value
Jan 2026	9,654



Community Mental Health 4 Week Wait Pathway interim metric - Oxfordshire



National	Month Year	Value	Numerator	Denominator	Median (days)
Average:	Jan 2026	66.78 %	386	578	19

> = 36%

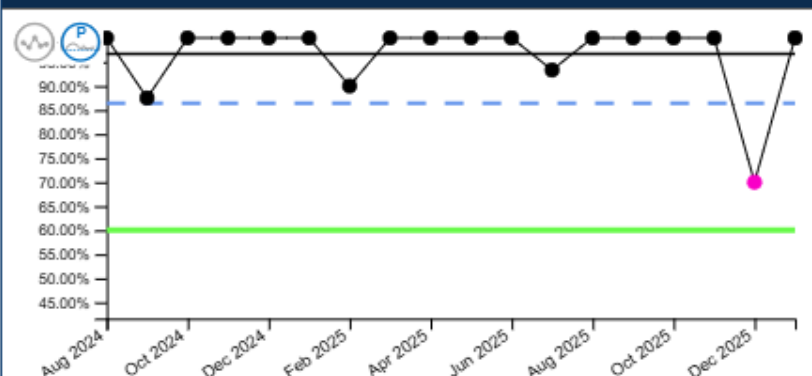
Improve access to Perinatal mental health services - Oxfordshire



Target (Oxon sub ICB):
average of **501** a month

Month Year	Value
Jan 2026	624

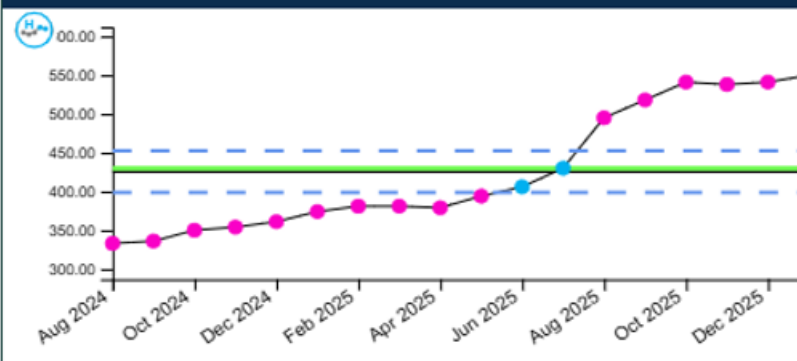
Early Intervention in Psychosis Waits (% of people with first episode of psychosis treated within 2 weeks of referral) - Oxfordshire



> = 60%

Month Year	Value	Numerator	Denominator
Jan 2026	100.00 %	3	3

Number of people accessing Individual Placement Support (IPS) - Oxfordshire

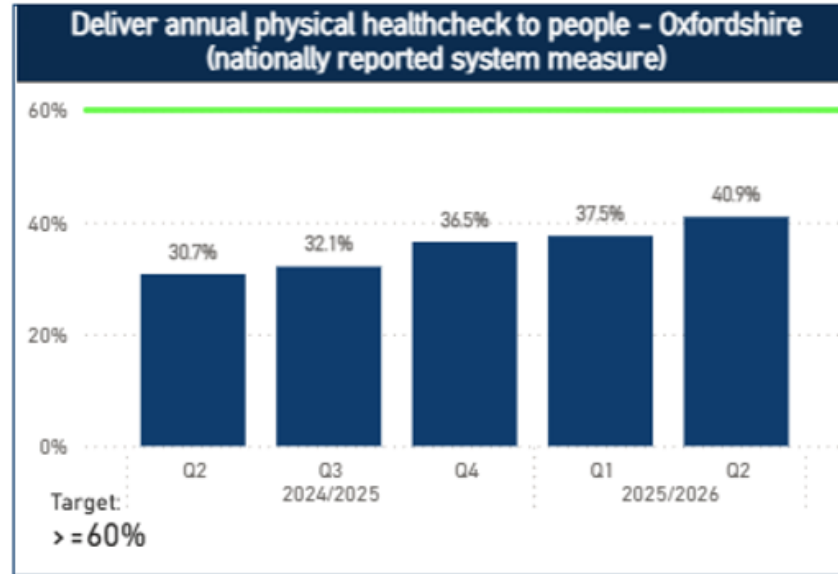
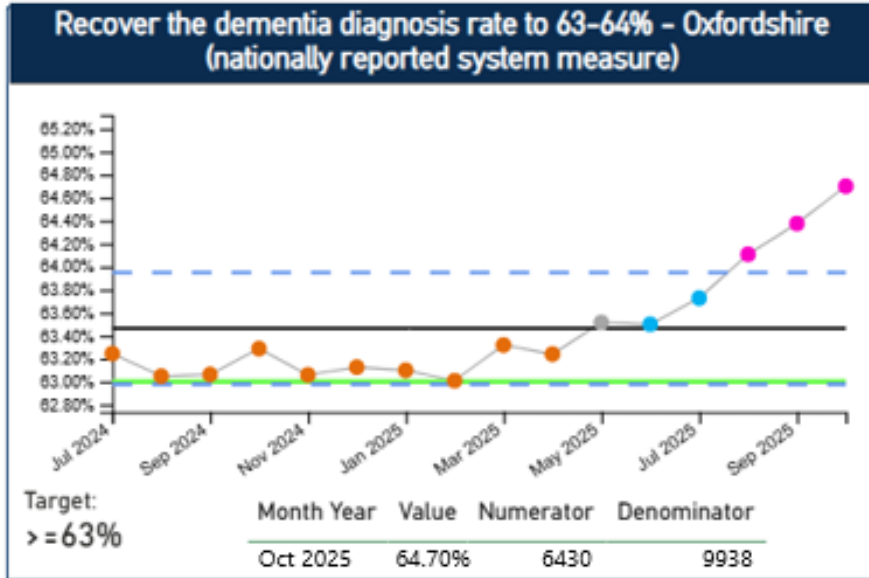










Target (Oxon sub ICB):
430

Month Year	Value
Jan 2026	550

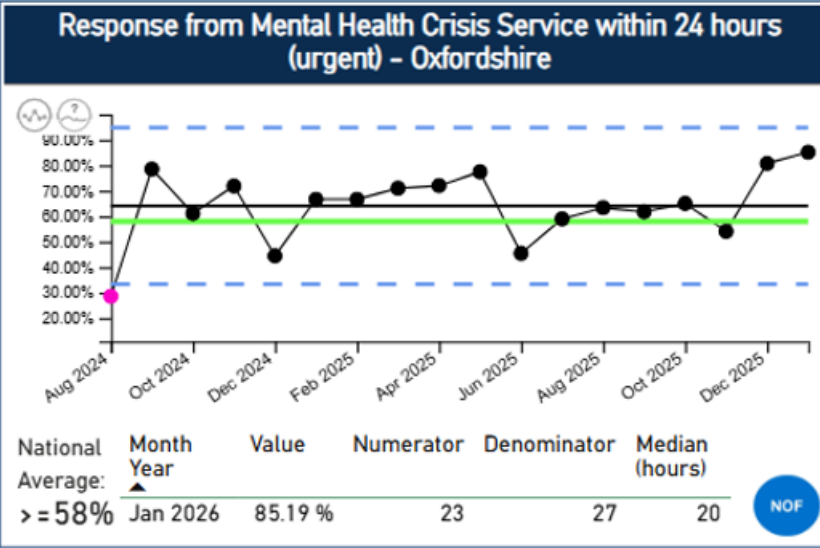
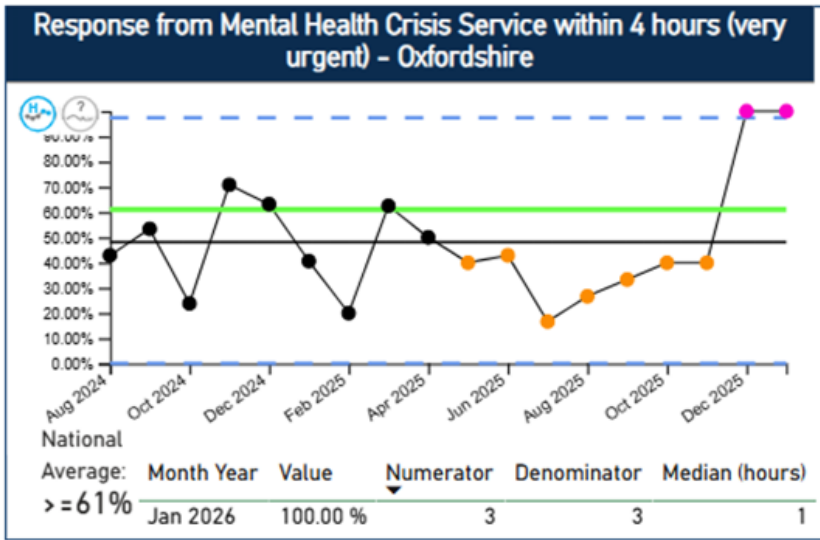
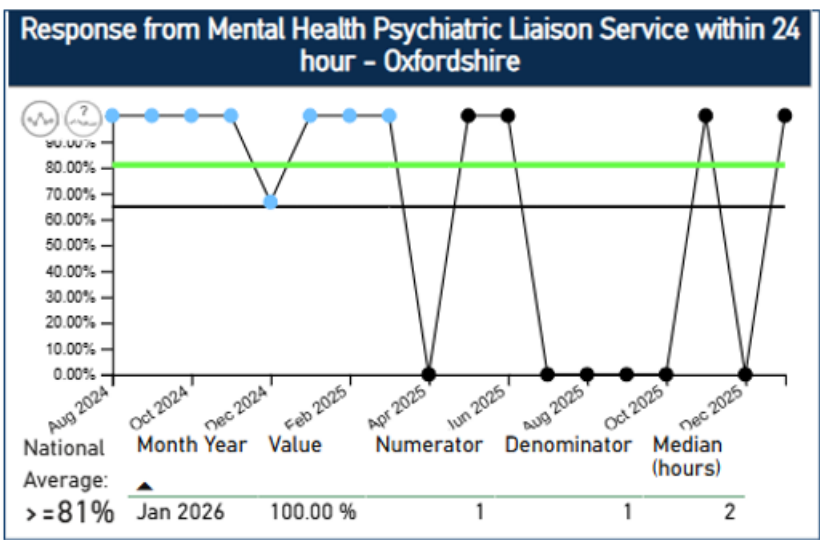
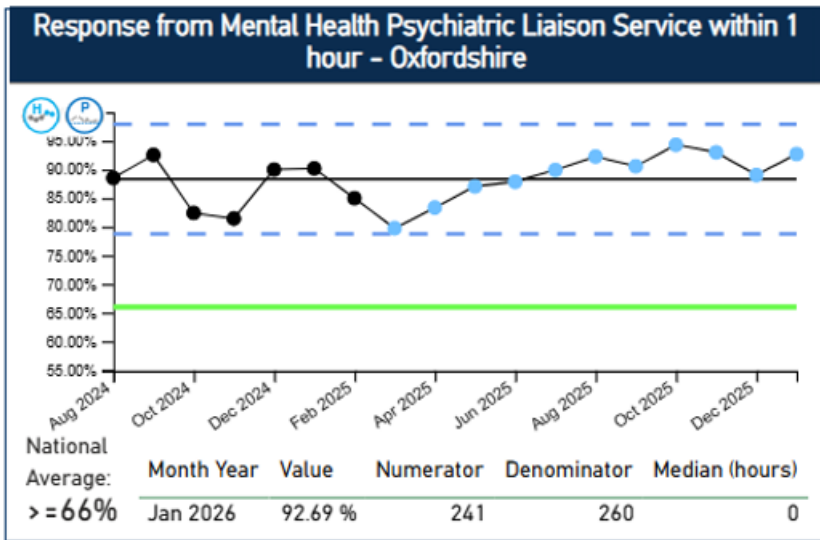
Caring, safe and excellent

Mental Health Services – Adult & Older Adult Community



Type of metric	Metric	Target	Latest month	Measure	Variation	Assurance	Mean
<i>National</i>	Response from Mental Health Psychiatric Liaison within 1 hour - Oxfordshire	>=66% National average	Jan-26	92.69%			88.33%
<i>National</i>	Response from Mental Health Psychiatric Liaison within 24 hours - Oxfordshire	>=81% National average	Jan-26	100%			97.50%
<i>National</i>	Response from Mental Health Crisis Service within 4 hours (Very Urgent) – Oxfordshire	>=61% National average	Jan-26	100%			48.15%
<i>National NOF (scored)</i>	Response from Mental Health Crisis Service within 24 hours (Urgent) – Oxfordshire	>=58% National average	Jan-26	85.19%			64.05%

Mental Health Services – Urgent Care



Caring, safe and excellent

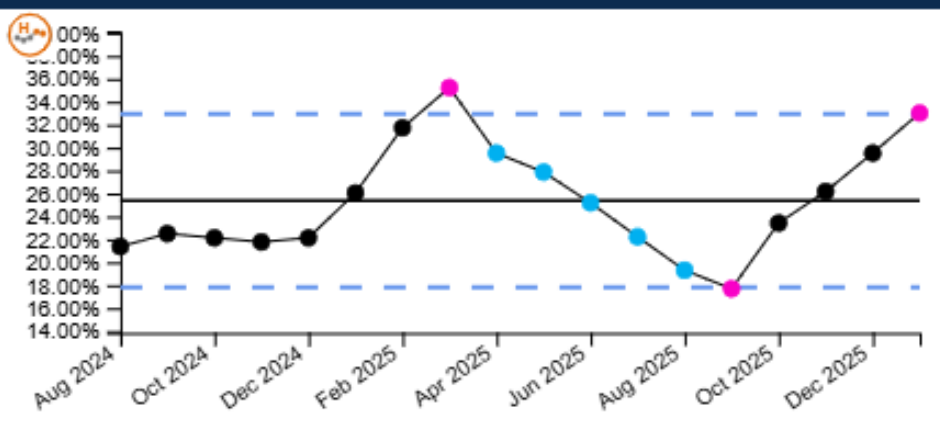
Mental Health Services – Acute/Inpatients (Adults and Older Adults) – summary



Type of metric	Service Area/Metric	Target	Latest reporting period	Measure	Variation	Assurance	Mean
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter- Adult (acute & Psychiatric Intensive Care Units) - Oxfordshire	<=12% National average	Jan-26	17%			17.52%
National	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission - % of acute admissions with no prior contact - rolling quarter - Older Adult - Oxfordshire	<=12% National average	Jan-26	19%			13.98%
National	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months) - Oxfordshire	<=50	Jan-26	62			54
National NOF (scored)	Percentage of adult inpatients with a length of stay over 60 days (discharged patients) - Oxfordshire	.	Jan-26	33.02%		n/a	25.38%
National NOF (contextual)	Percentage of older adult inpatients (over 65) with a length of stay over 90 days (discharged patients) - Oxfordshire	.	Jan-26	19.44%		n/a	22.36%
National	72 hour follow up for those discharged from mental health wards - Adults - Oxfordshire	>=80%	Jan-26	93.20%			92.50%
National	72 hour follow up for those discharged from mental health wards - Older Adults - Oxfordshire	>=80%	Jan-26	100%			97.26%
Local	% adult acute readmission within 30 days for mental health - Oxfordshire	.	Jan-26	2%		n/a	5.75%
Local	% older adult readmission within 30 days for mental health - Oxfordshire	.	Jan-26	7%		n/a	3.41%
Local	Average number of clinically ready for discharge patients per day - Oxfordshire	.	Jan-26	4.9		n/a	7
National	Inappropriate adult acute mental health out of area placements - snapshot last day month - Oxfordshire	2	Jan-26	0			3.44
National	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - snapshot last day month - Oxfordshire		Jan-26	0		.	0
National	Inappropriate older adult acute mental health out of area placements - snapshot last day month - Oxfordshire		Jan-26	0		.	0
National	Inappropriate adult acute mental health out of area placements - beds days in month - Oxfordshire	.	Jan-26	136		n/a	103.44
Local	Inappropriate Psychiatric Intensive Care Unit (PICU) out of area placements - beds days in month - Oxfordshire	.	Jan-26	0		n/a	0.89
Local	Inappropriate older adult acute mental health out of area placements - beds days in month - Oxfordshire	.	Jan-26	0		n/a	0

Mental Health Services – Acute/Inpatients (Adults and Older Adults)

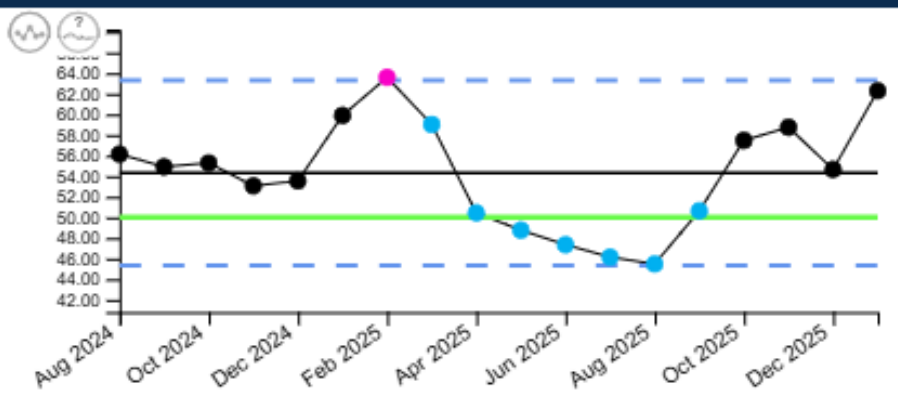
% of adult inpatients with a length of stay over 60 days (discharged patients) – Oxfordshire



Month Year	Value	Numerator	Denominator
Jan 2026	33.02 %	35.00	106



Mean LOS for MH adult acute, older adult & PICU discharges combined (rolling 3 months) – Oxfordshire



Target:	Month Year	Value	Numerator	Denominator
Dec - Jan	Jan 2026	62	9,905	159

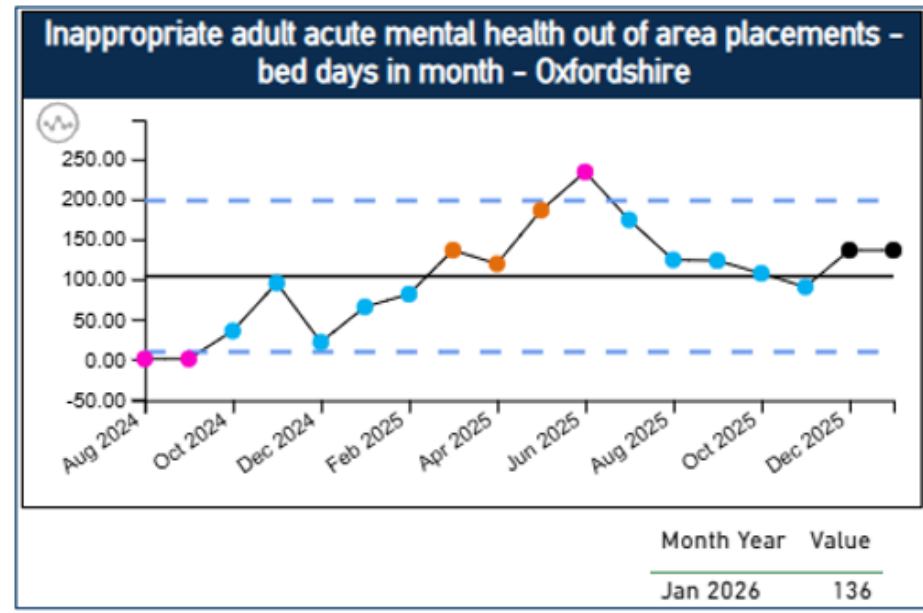
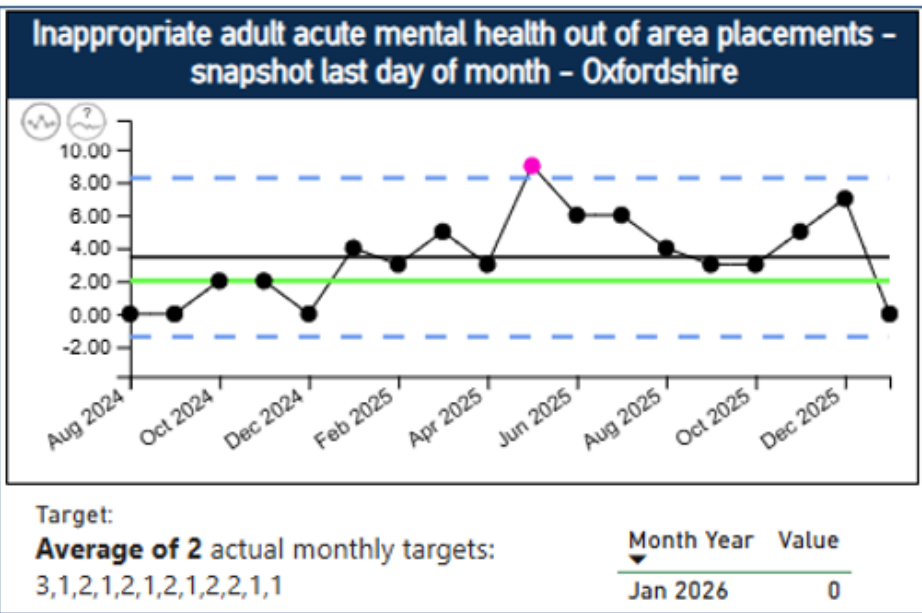
Summary and Actions

Current performance shows a further increase in the proportion of adult inpatients with a length of stay over 60 days, reaching 33.02% in Oxfordshire in January 2026, alongside elevated combined mean length of stay across adult acute, older adult, and PICU pathways.

These trends are driven by both acuity of patients (meaning that extended length of stay was appropriate) and delays in discharging clinically ready-for-discharge (CRFD) patients. Delays primarily linked to challenges in securing timely onward placements or suitable accommodation for patients who are clinically ready for discharge. Some delays are short and resolved quickly once placement arrangements progress, while others are more complex where individuals require accommodation that is not easily sourced within existing pathways.

Actions underway include close joint work between inpatient services and the EHR team to develop a CRFD form within Rio, which will replace manual recording and enable accurate in-month reporting of actual bed days and numbers of patients affected. This improvement, expected to begin reporting from quarter 4 or early next financial year, will strengthen operational oversight and allow more targeted interventions to reduce avoidable delays.

Mental Health Services – Acute / Inpatients



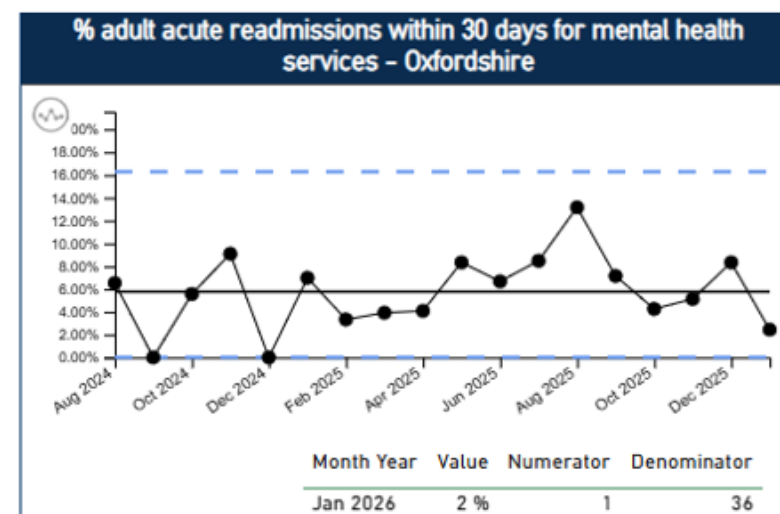
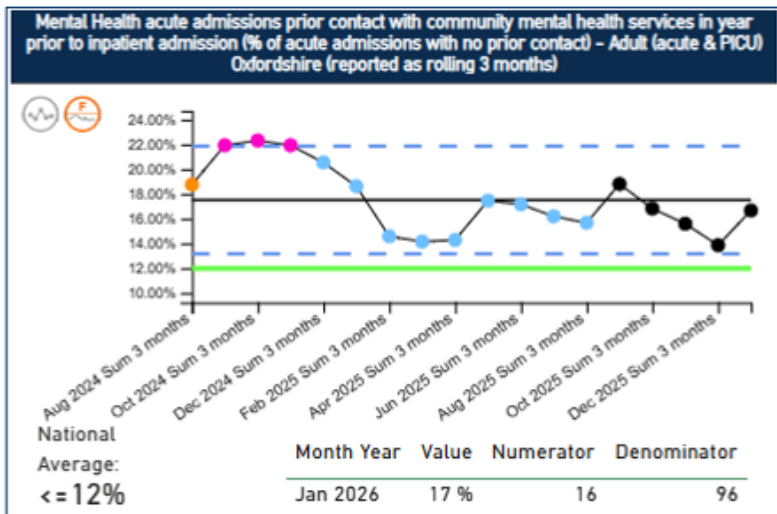
Summary and Actions

An inappropriate Out of Area Placement (OAP) refers to the situation where a patient is admitted to an inpatient unit that is outside of the local NHS trust area, not close to their home or community support network due to non-clinical reasons (e.g. lack of appropriate local inpatient beds). Majority OAPs admitted are out of hours due to no available local adult mental health beds and no options available to create local capacity (urgency of admission warrants OAP admission to manage risks).

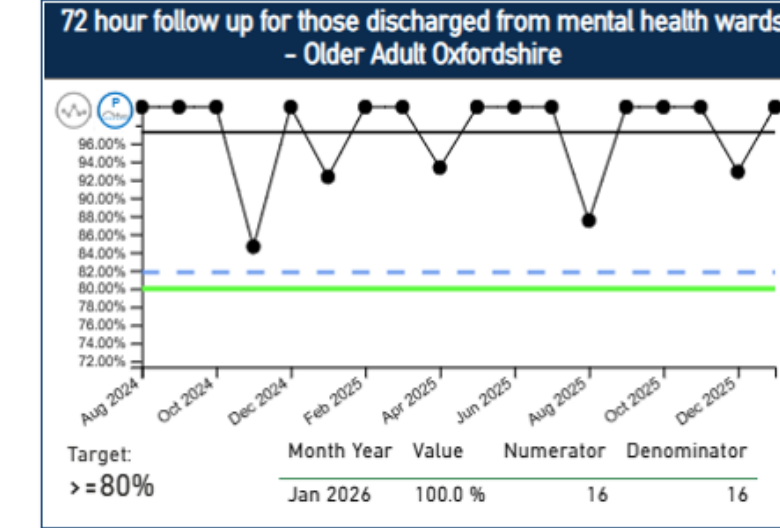
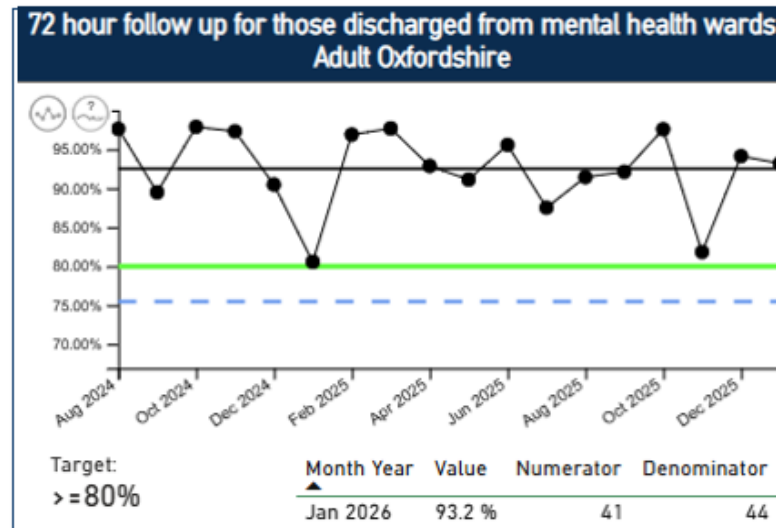
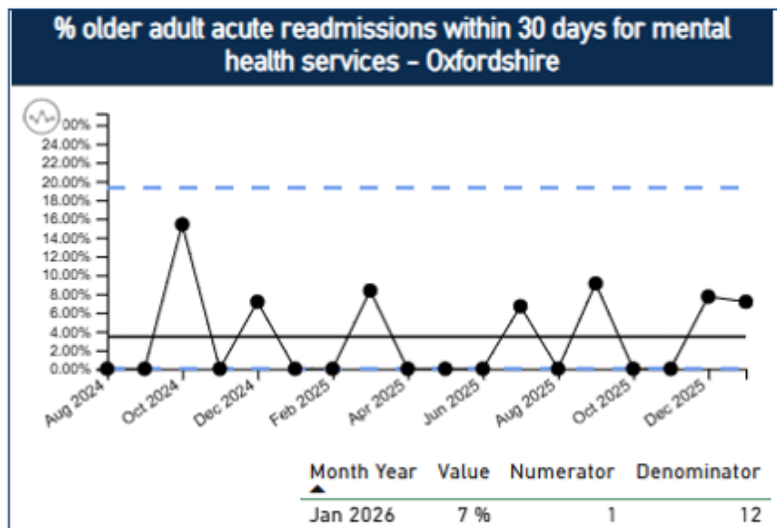
In January 2026, adult acute inappropriate out of area placements bed days remain elevated with 136 bed days, however, number of inappropriate out of area placements was 0 at the end of the month.

- Actions:
- Implemented a high threshold for authorising OAPs (must be approved by senior manager or Director)
 - Face to face reviews with Crisis Resolution and Home Treatment Team every 2 – 4 weeks to ensure quality of care and support facilitation of early discharge where clinically appropriate.
 - Optimisation of bed usage by end of March 2026.
 - Enhanced admission purpose and patient journey documentation and tracking task and finish project was concluded in January 2025. Achievements include the implementation and first stage evaluation of a purpose of admission form, a Patient Flow data dashboard on internal Trust Online Business Intelligence (TOBI) app, and greater oversight on the causes of Length of Stay and the use of Out of Area Placements.

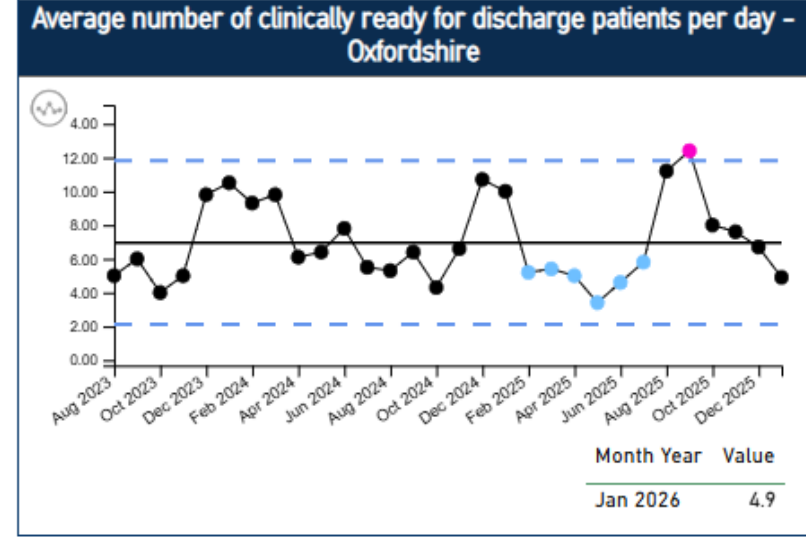
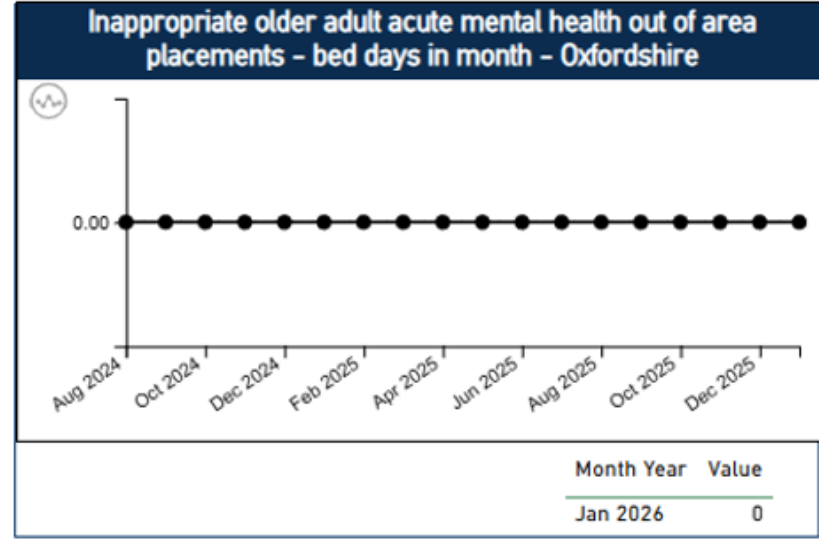
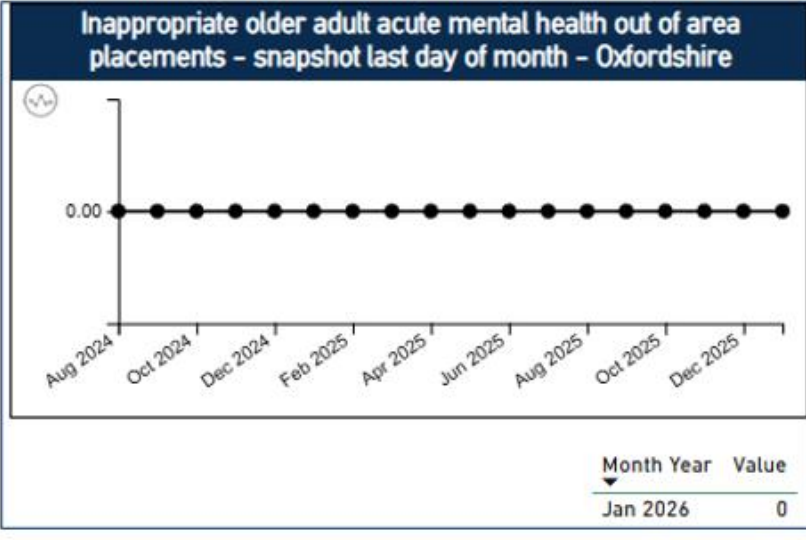
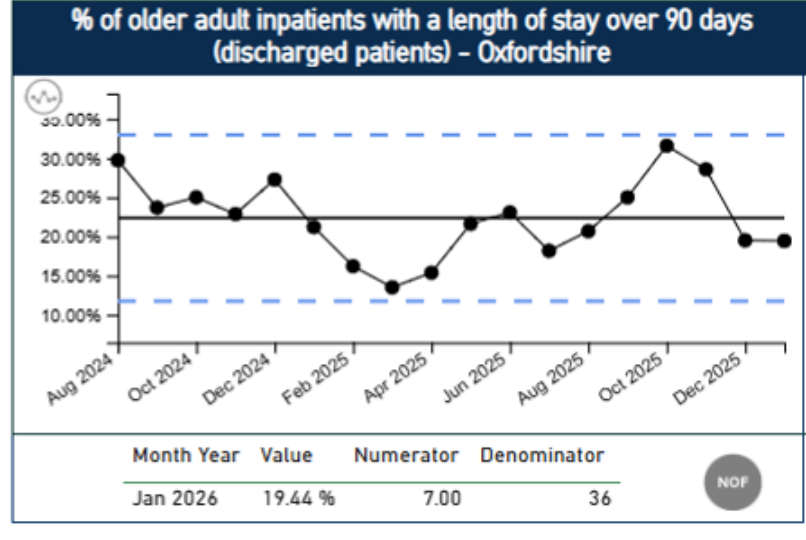
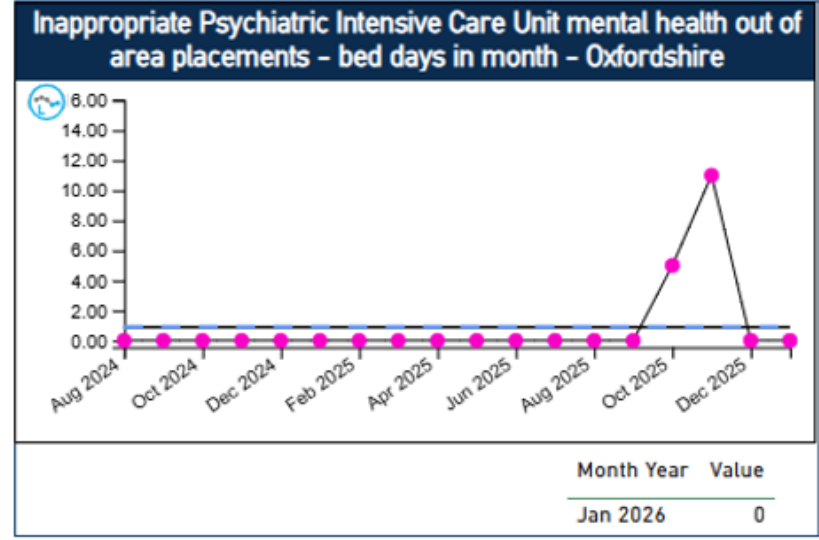
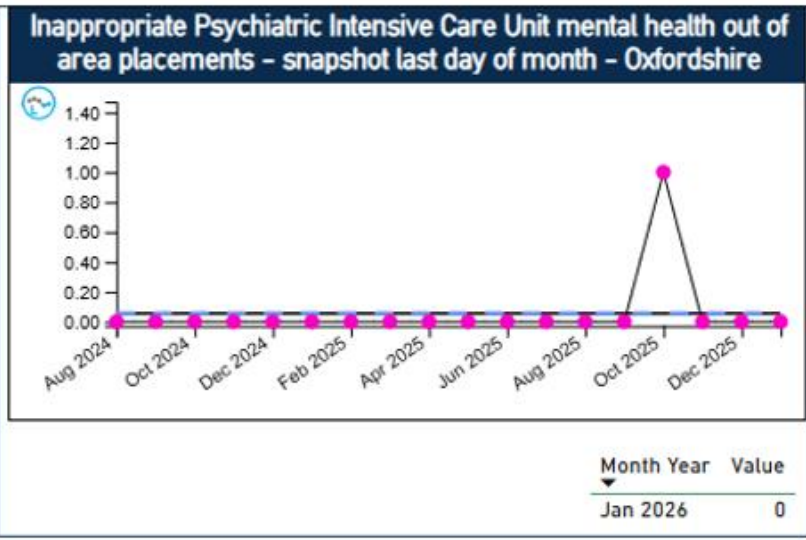
Mental Health Services – Acute / Inpatients



Narrative is not provided for the percentage of adult acute admissions with no prior contact (rolling [quarter](#)) as regular audits have not identified any addressable themes that would support improvement to date.



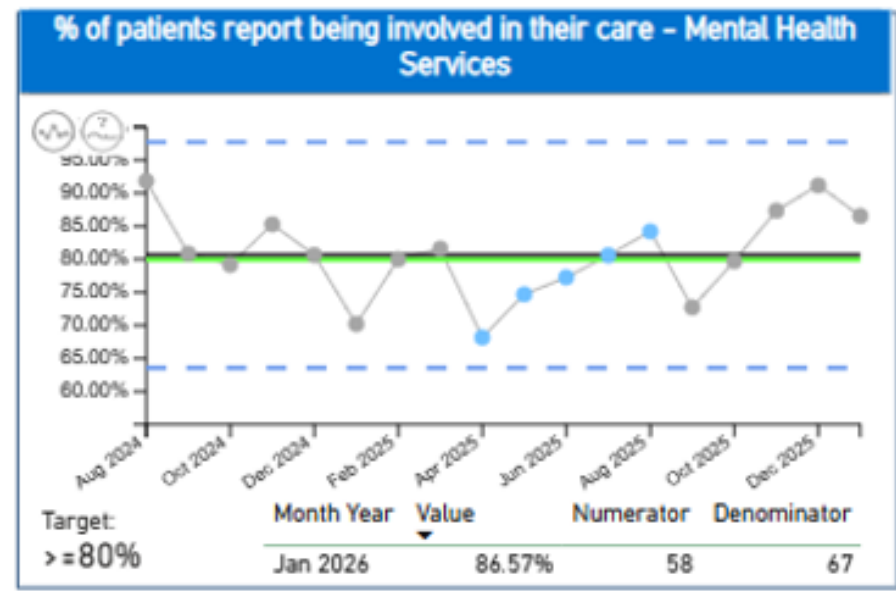
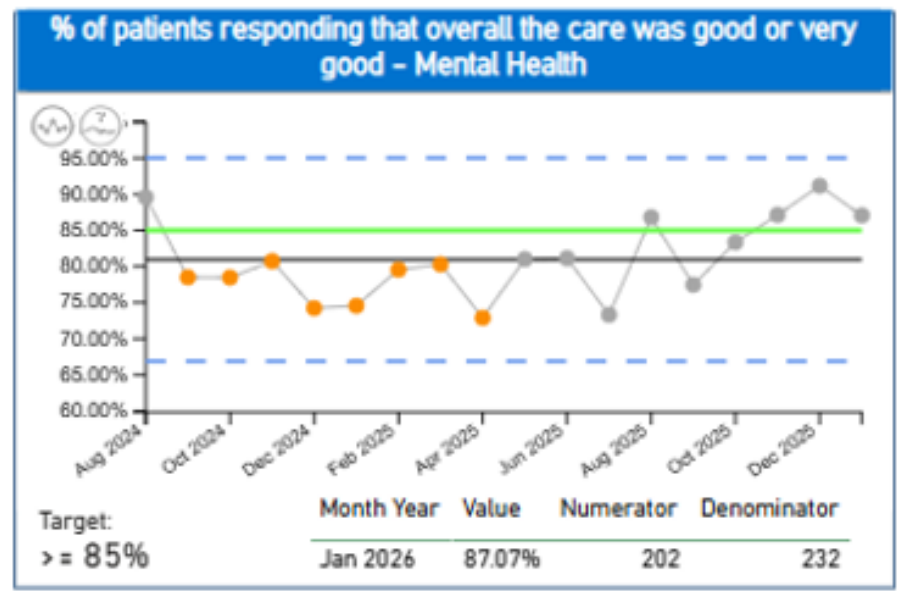
Mental Health Services – Acute / Inpatients



Other Mental Health reporting (including activity)

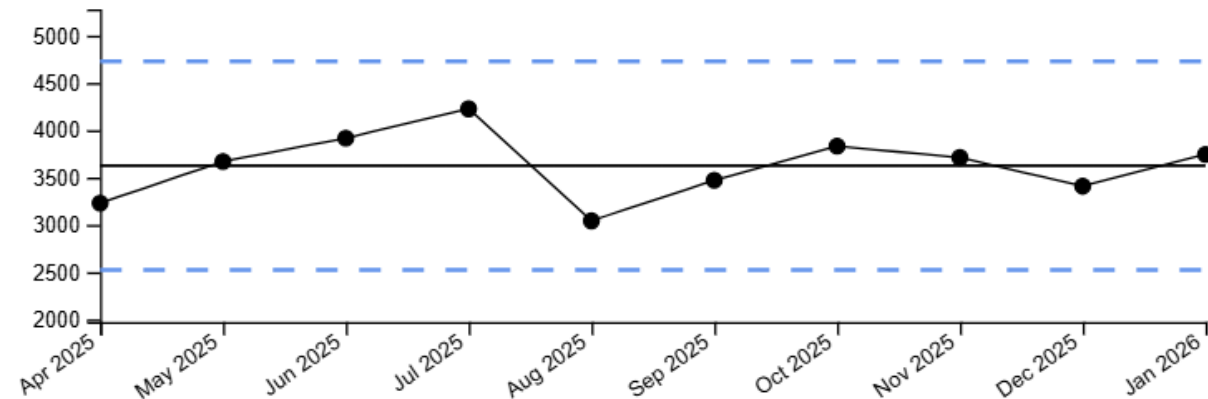
January 2026 data unless indicated otherwise

Mental Health services – Patient Feedback



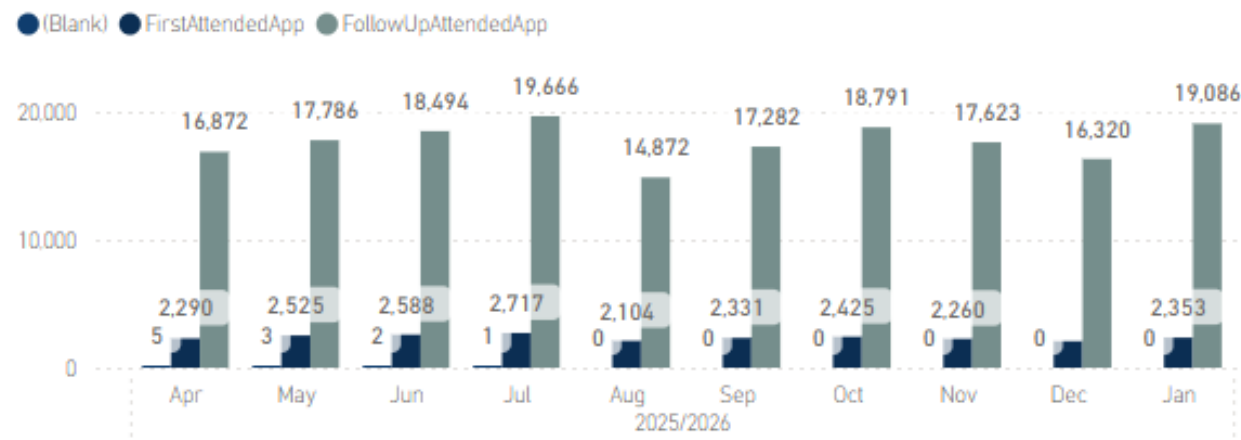
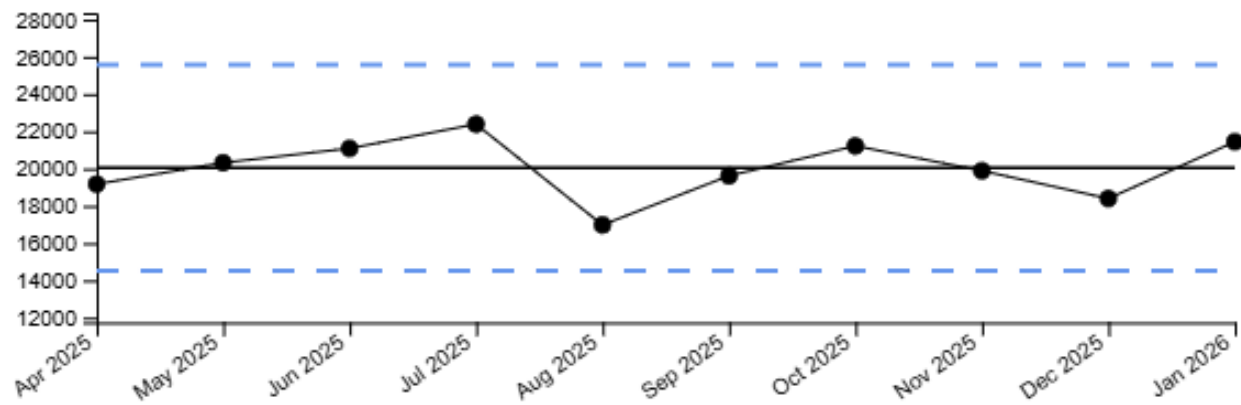
Mental Health services – Activity - Referrals

Directorate	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026
Oxfordshire & BSW Mental Health Directorate	3,230	3,670	3,916	4,227	3,043	3,471	3,832	3,711	3,409	3,745
Adult - CMHT	284	317	322	407	310	392	418	406	343	355
Adult - Complex Needs	37	40	42	56	39	29	43	44	38	36
Adult - Crisis/Outreach	323	279	272	292	242	236	271	355	339	400
Adult - Eating Disorders	45	32	30	42	43	24	51	44	48	45
Adult - EIS	25	32	37	42	29	35	31	41	26	37
Adult - Homeless pathway	6	11	7	6	3	4	8	6	10	1
Adult - IPS	29	49	43	49	32	39	40	20	10	40
Adult - Neuro		1	1	2	2	1	1	1	4	
Adult - Other	23	10	3	13	8	8	10	9	8	4
Adult - PCMHT	572	666	817	973	538	611	624	598	607	630
Adult - Perinatal	60	58	59	77	62	61	56	69	42	59
Adult - Psychiatric Liaison	147	214	277	297	275	288	316	281	255	309
Adult - Psychological Therapies	46	76	80	63	55	48	67	66	73	67
Adult - SPA/Triage	560	613	567	578	508	522	569	547	479	548
CAMHS - Eating Disorders	11	8	13	13	11	11	15	14	12	10
CAMHS - Getting Advice (SPA)	255	317	323	327	126	247	330	284	302	302
CAMHS - Getting Help	45	84	64	41	57	117	56	46	55	76
CAMHS - Getting More Help	118	98	152	112	90	105	137	128	94	147
CAMHS - Getting Risk Support (Crisis/Outreach)	32	39	46	47	26	25	42	36	33	39
CAMHS - Learning Disabilities	6	14	12	16	10	14	11	13	13	13
CAMHS - Neuro Diversity (ASD/ADHD assessments)	148	204	152	149	135	147	145	139	106	84
CAMHS - Other	76	100	124	107	82	90	116	107	103	108
CAMHS - Other - MHST	76	81	101	101	29	63	143	116	89	83
Older Adult - CMHT	154	169	199	224	177	188	164	177	186	197
Older Adult - Memory Service	152	158	173	193	154	166	168	164	134	155
Total	3,230	3,670	3,916	4,227	3,043	3,471	3,832	3,711	3,409	3,745



Mental Health services – Activity – Attended Appointments

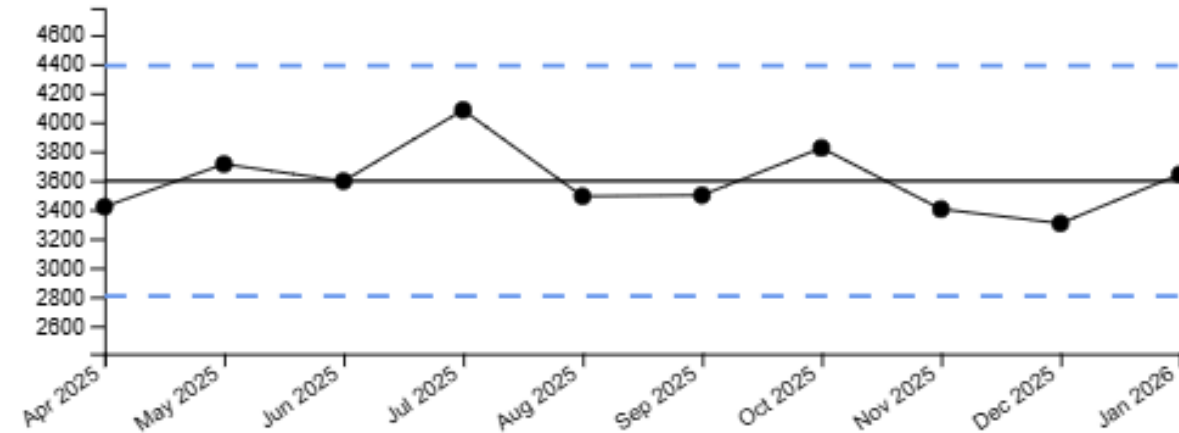
Directorate	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026
Oxfordshire & BSW Mental Health Directorate	19,167	20,314	21,084	22,384	16,976	19,613	21,216	19,883	18,395	21,439
Adult - CMHT	3,384	3,564	3,701	4,242	3,565	3,972	4,373	4,011	3,962	4,539
Adult - Complex Needs	362	350	468	420	305	583	552	503	422	636
Adult - Crisis/Outreach	932	886	967	861	969	956	825	946	812	797
Adult - Eating Disorders	276	277	224	224	258	275	283	286	331	319
Adult - EIS	594	612	610	598	527	554	620	519	476	712
Adult - Homeless pathway	44	31	30	47	32	23	31	20	17	29
Adult - IPS	207	247	267	290	252	230	271	242	148	216
Adult - Neuro	38	27	23	36	38	66	66	66	50	58
Adult - Other	17	20	22	25	15	15	21	20	12	29
Adult - PCMHT	3,220	3,264	3,089	3,196	1,487	1,716	1,736	1,869	1,575	1,886
Adult - Perinatal	272	274	297	349	336	367	385	372	366	391
Adult - Psychiatric Liaison	178	236	293	371	321	384	501	404	332	387
Adult - Psychological Therapies	565	748	832	872	575	684	713	679	580	766
Adult - SPA/Triage	421	459	369	374	281	288	319	294	259	312
CAMHS - Eating Disorders	324	291	294	329	230	255	336	302	289	294
CAMHS - Getting Advice (SPA)	133	122	137	140	132	165	173	125	124	158
CAMHS - Getting Help	625	886	773	672	488	730	918	767	522	777
CAMHS - Getting More Help	1,914	2,258	2,365	2,523	1,727	2,163	2,125	2,047	1,798	2,098
CAMHS - Getting Risk Support (Crisis/Outreach)	525	418	547	553	564	531	543	453	430	477
CAMHS - Learning Disabilities	341	290	298	346	223	334	431	378	379	417
CAMHS - Neuro Diversity (ASD/ADHD assessments)	706	703	846	852	570	743	871	843	903	805
CAMHS - Other	513	572	648	745	531	738	908	788	683	760
CAMHS - Other - MHST	421	590	747	706	429	647	786	907	697	1,003
Older Adult - CMHT	2,675	2,666	2,684	3,073	2,532	2,634	2,781	2,528	2,750	2,958
Older Adult - Memory Service	480	523	553	540	589	560	648	514	478	615
Total	19,167	20,314	21,084	22,384	16,976	19,613	21,216	19,883	18,395	21,439



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Mental Health services – Activity - Discharges

Directorate	Apr 2025	May 2025	Jun 2025	Jul 2025	Aug 2025	Sep 2025	Oct 2025	Nov 2025	Dec 2025	Jan 2026
Oxfordshire & BSW Mental Health Directorate	3,419	3,712	3,595	4,084	3,491	3,498	3,823	3,403	3,305	3,642
Adult - CMHT	250	283	347	385	303	360	466	325	345	322
Adult - Complex Needs	32	52	56	63	45	36	33	42	47	41
Adult - Crisis/Outreach	310	263	270	281	237	232	274	325	298	310
Adult - Eating Disorders	35	50	46	42	25	32	31	19	41	28
Adult - EIS	29	27	39	38	46	30	27	37	33	25
Adult - Homeless pathway	2	2	7	9	13	4	8	3	4	6
Adult - IPS	44	39	37	41	41	22	40	49	36	41
Adult - Neuro	28	15	34	13	26	92	13	39	27	14
Adult - Other	29	17	6	5	10	4	15	9	6	6
Adult - PCMHT	523	583	645	867	528	625	586	610	548	573
Adult - Perinatal	56	56	47	71	71	53	61	48	70	71
Adult - Psychiatric Liaison	155	216	274	295	275	289	321	285	255	309
Adult - Psychological Therapies	67	59	66	74	61	80	78	54	65	47
Adult - SPA/Triage	558	609	568	588	504	514	579	534	451	582
CAMHS - Eating Disorders	13	7	15	18	13	12	12	5	7	14
CAMHS - Getting Advice (SPA)	336	468	221	232	470	183	246	181	176	148
CAMHS - Getting Help	94	83	77	113	75	50	45	38	68	190
CAMHS - Getting More Help	171	125	167	185	111	142	134	135	107	158
CAMHS - Getting Risk Support (Crisis/Outreach)	32	33	36	33	26	36	35	32	28	37
CAMHS - Learning Disabilities	18	10	2	12	8	16	17	3	15	20
CAMHS - Neuro Diversity (ASD/ADHD assessments)	109	127	116	132	96	154	216	140	163	153
CAMHS - Other	110	124	93	112	116	103	117	88	100	97
CAMHS - Other - MHST	94	101	91	114	55	75	64	60	95	114
Older Adult - CMHT	166	177	148	204	181	190	237	186	178	185
Older Adult - Memory Service	158	186	187	157	155	164	168	156	142	151
Total	3,419	3,712	3,595	4,084	3,491	3,498	3,823	3,403	3,305	3,642



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Appendices

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	Improve access to mental health support for children and young people	This metric tracks the number of children and young people (CYP) aged under 18 who have accessed NHS-funded mental health services within a rolling 12-month period. Derived from the NHS Long Term Plan access standard for CYP mental health.	Improved access ensures that CYP with emerging mental health needs receive early support, reducing the risk of escalation to crisis. Early intervention supports better educational outcomes, family wellbeing, and long-term recovery.
	Four (4) week wait for mental health support for children and young people	Percentage of referrals to community-based mental health services for CYP who receive their first meaningful treatment within 4 weeks. This is an NHS England access standard under development nationally.	Timely intervention is critical in preventing deterioration of mental health in CYP. A shorter wait reduces distress and avoids escalation to emergency or inpatient care, improving long-term outcomes.
	% referred (routine cases) with suspected Eating Disorder that start treatment within 4 weeks - children and young people	The proportion of routine referrals for suspected eating disorders in CYP who begin a National Institute for Health and Care Excellence (NICE)-concordant treatment pathway within 4 weeks. This is part of the Access and Waiting Time Standard for Eating Disorders.	Eating disorders have some of the highest mortality rates of all mental illnesses. Early treatment improves recovery rates and physical health outcomes, reducing the need for inpatient admission.
	% referred (urgent cases) with suspected Eating Disorder that start treatment within 7 days - children and young people	The proportion of urgent referrals for eating disorders in CYP starting NICE-concordant treatment within 7 days. Monitored as part of the Eating Disorder Access & Waiting Time standard.	In urgent cases, rapid intervention prevents physical deterioration and supports better psychological recovery. Delays in urgent care can lead to life-threatening complications and increased family distress.
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression	Total number of patients (aged 18+) who complete a course of treatment in NHS Talking Therapies (formerly IAPT) services.	Higher treatment completion suggests improved service access, engagement, and continuity. For patients, it reflects successful navigation of therapy and greater opportunity for symptom relief.
	% of those completing a course of treatment for anxiety and depression who are older adults (65 and over)	The proportion of total IAPT therapy completers who are aged 65 or above. Tracked nationally to monitor equitable access for older adults.	Older adults are historically underrepresented in psychological therapy. Improving this rate supports healthy ageing, reduces loneliness, and improves independence in later life.
	Reliable improvement rate for those completed a course of treatment adult and older adults combined	Percentage of people who show reliable improvement (defined as statistically significant positive change on two validated clinical outcome measures such as PHQ-9 and GAD-7) after completing NHS Talking Therapies treatment.	This is a core quality indicator for psychological therapy. It provides assurance that patients are receiving interventions that lead to real, measurable improvements in mental health.
	% of people receiving first treatment appointment within 6 weeks of referral	The proportion of patients referred to NHS Talking Therapies who begin treatment within 6 weeks.	Timely access improves therapeutic outcomes and helps prevent worsening of conditions. For patients, shorter waits reduce uncertainty and support early symptom relief.
	% of people receiving first treatment appointment within 18 weeks of referral	Proportion of referrals to NHS Talking Therapies seen within 18 weeks of referral.	Ensures that the vast majority of patients are not left waiting for care. It reflects service responsiveness and commitment to recovery-focused care.
	Meet and maintain Talking Therapies standards 1st to 2nd treatment waiting times (less than 10% waiting more than 90 days between treatments)	This metric measures the proportion of patients who wait over 90 days between their first and second Talking Therapies appointments. The standard is that less than 10% should wait this long.	Long gaps between sessions disrupt therapeutic progress and risk disengagement. Maintaining momentum between sessions supports better recovery and improves the patient's therapeutic experience.
Reliable recovery rate for those completed a course of treatment adults and older adults combined	Percentage of people who move from "caseness" (clinical levels of distress) to non-clinical levels on validated measures (PHQ-9, GAD-7) after completing NHS Talking Therapies.	Reliable recovery provides assurance that treatment not only improves symptoms but brings patients back to a state of wellbeing. For the patient, it reflects meaningful mental health restoration and improved daily functioning.	

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	Recovery rate for Ethnically and Culturally Diverse Communities (ECDC) - completed a course of treatment, adult and older adult combined	Proportion of people from ethnically diverse backgrounds who achieve recovery following treatment in NHS Talking Therapies.	Highlights equity of outcome across diverse populations. Ensures that services are culturally responsive and that all patients, regardless of background, achieve good outcomes.
	Recovery rate for White British - complete a course of treatment, adult and older adult combined	Proportion of White British individuals achieving recovery after completing NHS Talking Therapies. Used for benchmarking against ECDC outcomes.	Provides comparative insight to address potential inequalities and improve service delivery for all groups. Helps ensure all patients are receiving effective, evidence-based care.
	Improve access for Adults and Older Adults to support by community mental health services	Tracks access to community mental health services, aligned with the NHS Long Term Plan Community Mental Health Framework.	Supports early intervention, continuity of care, and integrated multi-agency support. For patients, this enables better support in the community, reducing hospital admissions and promoting recovery.
	4 week wait (28 days) standard (interim metric – two contacts within pathway)	Percentage of referrals to community mental health services receiving two meaningful contacts within 28 days. A developing standard aligned with new access ambitions from NHS England.	Reduces delays in treatment initiation for people with serious mental illness. Improves patient experience and helps prevent deterioration, crisis escalation, and unnecessary admissions.
	Deliver annual physical health checks to people with Severe Mental Illness	Proportion of people on the SMI register receiving a comprehensive physical health check annually (covering blood pressure, BMI, cholesterol, blood glucose, smoking, alcohol). National standard from NHS England and NICE guidance.	People with SMI have significantly reduced life expectancy due to preventable physical health conditions. Regular checks improve early detection and promote parity between physical and mental healthcare.
	Improve access to perinatal mental health services	Monitors access to specialist perinatal mental health care for women experiencing moderate to severe mental illness during and after pregnancy. Part of NHS Long Term Plan targets.	Untreated perinatal mental illness can have long-term consequences for mother, infant, and family wellbeing. Early specialist care supports maternal recovery and healthy child development.
	% of people experiencing a first episode of psychosis treated with a NICE approved care package within two weeks of referral	Proportion of people aged 14–65 referred to Early Intervention in Psychosis (EIP) services who start treatment within two weeks and receive a full NICE-concordant care package. National access and quality standard.	Early intervention is associated with reduced relapse, improved functioning, and long-term recovery. Timely care in psychosis can prevent deterioration and reduce hospital stays.
	Number of people accessing Individual Placement Support (IPS)	Number of adults with Serious Mental Illness supported by IPS services, which offer personalised, evidence-based support to help people find and sustain paid employment. NHS England expansion target.	Employment is a key determinant of recovery and quality of life. IPS improves social inclusion, financial independence, and psychological wellbeing.
	Recover dementia diagnosis rate	Percentage of people aged 65+ estimated to have dementia who have a formal diagnosis recorded in primary care. National ambition: 66.7%.	Early diagnosis enables access to support, treatment, and care planning. For patients and carers, it supports independence, safety, and better management of the condition.

Glossary of metrics (in continuous development)

Area	Metric	Definition	Why is it important?
Mental Health Services	Response from Mental Health Psychiatric Liaison within 1 hour	Percentage of referrals from A&E or acute medical wards seen by psychiatric liaison within 1 hour. Derived from NHS England's "Core 24" liaison psychiatry standards.	Rapid mental health assessments reduce emergency department wait times and help ensure safe, effective treatment planning. Patients in crisis benefit from immediate care to reduce risk and distress.
	Response from Mental Health Psychiatric Liaison within 24 hours	Percentage of all mental health referrals to liaison services in acute settings that are seen within 24 hours. Required under national liaison psychiatry models.	Timely mental health input during hospital admissions reduces unnecessary stays, improves holistic care, and supports faster recovery for patients with coexisting physical and mental health needs.
	Response from Mental Health Crisis Service within 4 hours (Very Urgent)	Proportion of 'very urgent' referrals to Crisis Resolution and Home Treatment Teams (CRHTT) that are responded to within 4 hours. Part of NHS Mental Health Crisis Care Concordat.	Swift response during acute mental health crises reduces the risk of harm, unnecessary detention under the Mental Health Act, and hospital admission. Patients feel safer and more supported.
	Response from Mental Health Crisis Service within 24 hours (Urgent)	Percentage of urgent crisis referrals responded to within 24 hours by CRHTTs. NHS England standard for community-based urgent care.	Ensures timely, appropriate care during periods of acute need. Prevents deterioration and supports people to stay in their homes and communities.
	Mental Health acute admissions prior contact with community mental health services in year prior to inpatient admission	Proportion of patients admitted to an inpatient mental health ward who had no community mental health contact in the preceding 12 months.	Lack of prior engagement may suggest missed opportunities for prevention. For patients, this highlights the need for improved outreach and integrated care pathways.
	Mean Length of Stay Mental Health acute, older adult acute and Psychiatric Intensive Care Unit (PICU) discharges (combined; rolling 3 months)	Average number of inpatient days for patients discharged from acute adult, older adult, or PICU services, measured on a 3-month rolling basis.	Ensures patients are in hospital only as long as needed. Long stays may indicate delayed discharges; short stays must still allow for recovery. Balanced stays improve patient outcomes.
	72 hour follow up for those discharged from mental health wards	Percentage of patients discharged from mental health inpatient care who receive follow-up contact (face-to-face or phone) within 72 hours. A national quality standard (NHS England/NICE).	The first 72 hours post-discharge is a high-risk period for suicide and relapse. Timely contact supports safety and smooth reintegration into the community.
	Inappropriate Out of Area Placements (mental health inpatients)	Number of patients placed in inpatient beds outside their local area due to bed unavailability (excluding specialist placements).	Out-of-area placements disrupt continuity of care, isolate patients from family, and delay discharge. Reducing them improves quality, equality, and patient dignity.
	% adult acute readmission within 30 days for mental health	Proportion of adult patients discharged from acute mental health care who are readmitted within 30 days. A quality metric for post-discharge planning.	High readmission rates may signal poor follow-up support or premature discharge. Patients benefit from coordinated, recovery-focused care that reduces the need for readmission.
Average number of clinically ready for discharge patients per day	Average daily count of inpatients who are medically fit for discharge but remain due to delays in arranging ongoing care.	Blocked discharges reduce hospital efficiency and increase stress for patients. Timely discharge helps recovery and frees capacity for others in need.	